

# T&A SYSTEM SECURITY WORKSHEET

Complete in total each time revised and send to Region 3's Payroll Coordinator (Linda Cramer)

T&A Office Name: \_\_\_\_\_  
 T&A Office Organization Code: \_\_\_\_\_  
 cc:Mail address for Primary timekeeper: \_\_\_\_\_  
 Telephone number for Primary timekeeper: \_\_\_\_\_

Dept/Bur/SUB: IN 15 03/YP

	NAME	SSN	USER ID/ORG*
Who is the primary timekeeper?	_____	____-____-____	_____
Who is the alternate(s)?	_____	____-____-____	_____
Who will certify/sign the timecard?	_____	____-____-____	_____
Who will be the alternate(s)?	_____	____-____-____	_____
Others? Specify function:	_____	____-____-____	_____
	_____	____-____-____	_____
	_____	____-____-____	_____
	_____	____-____-____	_____

\*ORG if employee is not in the Organization, include their Organization Code.

\*\*\*\*\*

Remove from the T&A System: \_\_\_\_\_  
 List all organization codes that employee has access to: \_\_\_\_\_

\*\*\*\*\*

I certify the individuals identified to certify T&A's, will be certifying for employees they supervise directly or when certifying T&A's for the office, have been designated as Acting Supervisor for the entire office in my absence. Office Supervisor's signature \_\_\_\_\_ date: \_\_\_\_\_

A responsibility statement is needed from users WHO DO NOT currently have a FPPS USER ID.

## FEDERAL PERSONNEL PAYROLL SYSTEM (FPPS) RESPONSIBILITY STATEMENT

I, the undersigned, understand that when I use any of the Denver Administrative Service Center (DENVER ASC) Computer Systems and/or Automated information resources or gain access to any information therein, such use of access shall be limited to official Government business. Further, I understand that any use of the aforementioned systems or information that is not official Government business may result in disciplinary action consistent with the nature and scope of such activity.

FULL NAME: \_\_\_\_\_

SS#: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_ EMPLOYEE'S ORGANIZATION  
 CODE: \_\_\_\_\_  
 DUTY STATION: \_\_\_\_\_ TELEPHONE  
 #: \_\_\_\_\_

## I REQUEST THE FOLLOWING FPPS USER ACCESS for the Time and Attendance System:

☐ TIMEKEEPER ☐ ALTERNATE TIMEKEEPER  
☐ CERTIFIER ☐ ALTERNATE CERTIFIER

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B) DISCLOSURE BY YOU OF YOUR SOCIAL SECURITY NUMBER (SSN) IS MANDATORY TO OBTAIN THE SERVICES, BENEFITS, OR PROCESSES THAT YOU ARE SEEKING SOLICITATION OF THE SSN BY THE UNITED STATES CIVIL SERVICE COMMISSION IS AUTHORIZED UNDER PROVISIONS OF EXECUTIVE ORDER 9397, DATED NOVEMBER 22, 1943. THE SSN IS USED AS AN IDENTIFIER THROUGHOUT YOUR FEDERAL CAREER FROM THE TIME OF APPLICATION THROUGH RETIREMENT. IT WILL BE USED PRIMARILY TO IDENTIFY YOUR RECORDS THAT YOU FILE WITH THE CIVIL SERVICE COMMISSION AND OTHER FEDERAL AGENCIES. THE SSN ALSO WILL BE USED BY THE CIVIL SERVICE COMMISSION AND OTHER FEDERAL AGENCIES IN CONNECTION WITH LAWFUL REQUESTS FOR INFORMATION ABOUT YOU FROM YOUR FORMER EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND FINANCIAL OR OTHER ORGANIZATIONS. THE INFORMATION GATHERED THROUGH THE USE OF THE NUMBER WILL BE USED ONLY AS NECESSARY IN PERSONAL ADMINISTRATION PROCESSES CARRIED OUT IN ACCORDANCE WITH ESTABLISHED REGULATIONS AND PUBLISHED NOTICES OF SYSTEMS OF RECORDS. THE SSN ALSO WILL BE USED FOR THE SELECTION OF PERSONS TO BE INCLUDED IN STATISTICAL STUDIES OF PERSONNEL MANAGEMENT MATTERS. THE USE OF THE SSN IS MADE NECESSARY BECAUSE OF THE LARGE NUMBER OF PRESENT AND FORMER FEDERAL EMPLOYEES AND APPLICANTS WHO HAVE IDENTICAL NAMES AND BIRTH DATES, AND WHOSE IDENTITIES CAN ONLY BE DISTINGUISHED BY THE SSN.

## FOR OFFICIAL USE ONLY - RELATED TO FPPS USER ACCESS FOR T&A SYSTEM

For Personnel/Payroll Office use:

Payroll review: \_\_\_\_\_ dtd: \_\_\_\_\_ FPPS Input: \_\_\_\_\_ dtd: \_\_\_\_\_

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FULL NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ ORGANIZATION

CODE: \_\_\_\_\_

DUTY STATION: \_\_\_\_\_ TELEPHONE

#: \_\_\_\_\_

### I REQUEST THE FOLLOWING FPPS USER ACCESS:

System:

Type of Authority needed:

1.) SF-52

☐ INITIATOR

☐ REQUESTER

☐ AUTHORIZER

2.) TIME & ATTENDANCE

☐ TIMEKEEPER

☐ CERTIFIER

☐ ALTERNATE TIMEKEEPER

☐ ALTERNATE CERTIFIER

3.) WITHIN GRADE INCREASE OR PROBATION PERIOD

☐ FIRST LINE SUPERVISOR CERTIFICATIONS

I AM CURRENTLY A:

\_\_\_\_ FPPS USER

\_\_\_\_ FFS USER

USER ID #: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO :**

**BARBARA J. MENOUGH, SECURITY POINT OF CONTACT**

**DIVISION OF PERSONNEL MANAGEMENT**

**FISH & WILDLIFE SERVICE, REGION 3**

**1 FEDERAL DRIVE**

**FT. SNELLING, MINNESOTA 55111**

**FAX TO: (612) 725-3398**

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**FOR OFFICIAL USE ONLY - RELATED TO FPPS USER ACCESS**

FAX for FPPS Implementation

Date: \_\_\_\_\_ Page 1 of

TO:

U.S. Fish and Wildlife Service  
Region 3, Division of Personnel Management  
Bishop Henry Whipple Federal Building  
1 Federal Drive  
Fort Snelling, Minnesota 55111-4056  
Office Telephone: (612) 713-5230  
Fax Number: (612) 725-3398

From:  
Name:  
Office Number:  
Office Fax Number:

Comments:

Enclosures:

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